PROCEDURE/EVENT __ __

CASE NO.: FY336CP4CN 3 3 6 P

Has the participant indicated any of the following reasons for this outpatient procedure or event visit?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot
   FY336CBLC4
   1 □ No 2 □ Yes

   1a. For which specific problem?
   
   - Heart (cardiac) catheterization, angiogram FY336CAGO4
   - Blood clot in the lung (pulmonary embolism) or leg (DVT) FY336CBLD4
   - PTCA, angioplasty, stent, atherectomy (cardiac or peripheral) FY336CPRD4
   - Carotid endarterectomy FY336CRDA4
   - Cardioversion FY336CCARD4
   - Other (specify) __ FY336COTHE4 __ FY336COTHX4 ______________
   
   1 □ No 2 □ Yes

2. Kidney failure, start dialysis, or have kidney transplant FY336CKID4
   1 □ No 2 □ Yes

3. Bariatric surgery (e.g., gastric bypass or laparoscopic banding)
   FY336CWEL4
   1 □ No 2 □ Yes

4. Other (specify) __ FY336COTH4 __________ FY336COXT4________
   1 □ No 2 □ Yes

5. Did any of the problems or conditions include a YES response to Q1 – Q3 or a
   Q4 response that could involve one of these conditions? FY336CRESP4
   1 □ No 2 □ Yes

END OF PROCEDURE 1, IF RESPONSE IS YES TO Q5, COLLECT MEDICAL RECORDS

☐ Check here if more procedures are reported and use another supplemental form FY336CSUPP2

____ ____ ___ INTERVIEWER ID FY336CIVD2